

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) OR	Attorney Dock t Number	20249.28
	First Named Inventor	Rudolph W. Frey
	COMPLETE IF KNOWN	
	Application Number	09/566,668
	Filing Date	5/8/2000
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS AND METHOD FOR OBJECTIVE MEASUREMENT AND CORRECTION OF OPTICAL
SYSTEMS USING WAVEFRONT ANALYSIS**

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 5/8/2000 as United States Application Number or PCT International Application
Number 09/566,668 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet TPO/SB/02B attached hereto.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/324,179	5/20/1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

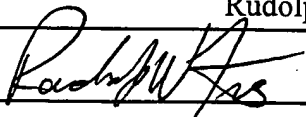
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number _____
 OR
☒ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Herbert L. Allen	25,322	Christopher F. Regan	34,906
Carl M. Napolitano	37,405	Jeffrey S. Whittle	36,382
Jacqueline E. Hartt	37,845	Richard K. Warther	32,180
Enrique G. Estévez	37,823	Michael W. Taylor	43,182

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

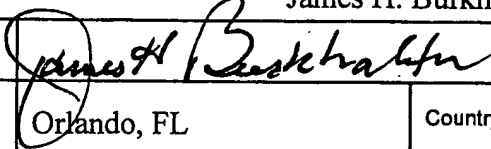
Direct all correspondence to:	<input type="checkbox"/> Customer Number or Bar Code Label _____	OR <input checked="" type="checkbox"/> Correspondence address below
Name	Carl M. Napolitano, Ph.D.	
Address	Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.	
Address	255 South Orange Avenue, Suite 1401 P.O. Box 3791	
City/State/Zip	Orlando, Florida 32802-3791	
Country	US	Telephone (407) 841-2330 Fax (407) 841-2343

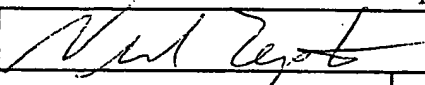
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

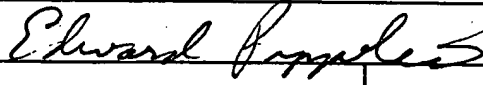
Name of Sole or First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — [if any])		Family Name or Surname	
Rudolph W. Frey			
Inventor's Signature		Date	12/6/00
Residence	Winter Park, FL	Country	US
Post Office Address	2207 Mallard Circle		
City/State/Zip	Winter Park, FL 32789	Country	US

☒ Additional inventors are being named on the 2 supplemental additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
--------------------	------------------------------------------------------

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — [if any])		Family Name or Surname	
James H. Burkhalter			
Inventor's Signature			Date
Residence	Orlando, FL	Country	US
Post Office Address	2404 Seabreeze Court		
City/State/Zip	Orlando, FL 32805	Country	US

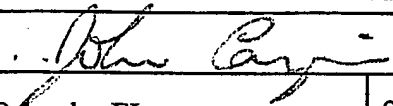
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — [if any])		Family Name or Surname	
Neil Zepkin			
Inventor's Signature			Date
Residence	Casselberry, Florida	Country	U.S.
Post Office Address	P. O. Box 181761		
City/State/Zip	Casselberry, Florida 32718	Country	U.S.

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — [if any])		Family Name or Surname	
Edward Poppeliers			
Inventor's Signature			Date
Residence	Orlando, Florida	Country	U.S.
Post Office Address	4251 Biltmore Road		
City/State/Zip	Orlando, Florida 32804	Country	U.S.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
--------------------	------------------------------------------------------

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — [if any])		Family Name or Surname	
John Alfred Campin			
Inventor's Signature			Date 6 Nov 2009
Residence	Orlando, FL	Country U.S.	Citizenship U.S.
Post Office Address	14313 N. Berwick Ct.		
City/State/Zip	Orlando, FL 32828	Country U.S.	